

Addendum: Emotional Support Animal (ESA)

This is an addition to the General Provider Form; BOTH FORMS ARE REQUIRED

Student's name: _____ Date of birth: _____

Type of proposed animal: _____

Size/breed/age of animal: _____

The questions below are to be completed by the student's physician or other approved specialist with experience and expertise in the area related to the student's disability, such as a licensed psychiatrist, neuropsychologist, or other qualified and licensed mental health medical provider. We appreciate your help in providing this information so that we may evaluate the request as soon as possible.

The student above reports that they are currently under your care for evaluation and/or treatment. The student has requested permission to keep an Emotional Support Animal (ESA) in William & Mary housing in order to alleviate symptoms associated with their disability or diagnosis.

1. Which diagnoses are related to this request? Medical Emotional
Please list here:

2. Based on the student's clinical history and diagnosis, explain how an ESA will mitigate the student's current symptoms or functional limitations.

3. Describe the role of the ESA in the student's treatment plan.

4. What is the student's history/relationship with the requested (or prior) animal?

5. Please provide any additional information or recommendations that may assist our office in determining appropriate accommodations for this student.

Provider Name _____ Signature _____ Date: _____

Please return the completed form to SAS via email (sas@wm.edu) or fax (757-221-2538) or return to the student for submission. Thank you for your assistance with this process.